PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLAMLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County County	Registration Dist. No. / 62
Village or City of rantsville	ND. St., Wal
	osds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Mary 6, B locke	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemal Suite Ring	(Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of	220 LUEBERY CERTIEV That I straight country
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and yeer) 9/29/1867	Hast saw h M alive on Dec 30 1936 death is si
AGE Years Months Days If LESS than	to have occurred on the date stated above, at ZiOo / _m.
69 · 4 4 1day,hrs	I WE I KINCH AL CAUSE OF DEATH and leighed causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Hauseward	Date of one 1975.
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	
1D. Date deceased last worked at this occupation (month and part / spent in this 50 occupation	
2. BIRTHPLACE (city or town)	Dipor Contributory Causes of Importance:  Surance importance:
13. NAME John M. Blacher	
13. NAME AME AME AME AME AME AME AME AME AME	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
- Or Comment of the c	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or gougly)	Accident, suicide, or homicide?
7. INFORMANT / 15 / Lagher	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	
Place of 10 sthing Date alek 5 193	Manner of injury
9 UNDERTAKER Aanas Duest	24. Was disease or injury in any way related to occupation of deceased?
(Address) of rost burg Iso.	If so, specify
10, FILED + W 4 19.37 BT + Bill	(Signed) A. M. Dayes M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Every
9	RECORD.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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ESER	INK
TARGIN R	UNFADING
	WITH
•	PLAINLY,
No.1	B.—WRITE 1
2	ż
-	-

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	1.0
ould	County Garrett	Registration Dist. No. 16 8
should of OCC	Village or City Freedrug	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred 92 yrs. 10 mos.	
PHYSICIANS ict statement	2. FULL NAME Rachel, agnes Care	If U. S. Veteran, specify WAR
SIC	(a) Residence: No. Frostburg - maryland	C <sub>St.</sub> Ward.
H X	(Sual place of abody)	If nonresident give city or town and State
. PH Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
7	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Suite	21. DATE OF DEATH July 193.7  (Month) (Dey) (Year)
X A C T L	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. Thet i ettended deceased from
	6. DATE OF BIRTH (month, dey, end yeer) march 31/844	Uest saw h. M. elive on Jun. 3.12, 1937; deeth is sai
- R	7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, et 1.2:30 P.m.
stated proper	92 10 21 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
be of	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	July 2 1/4/37
should it may n back	Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
E + 0	10. Date deceased last worked at this occupation (month end year)	
so	12. BIRTHPLACE (city or town) Tweething - had (State or country)	Other Contributory Causes of importance:  British Prisonness 1/17/3
supplied n terms, ee instru	13. NAME Daniel Carry	
= +	14. BIRTHPLACE (city or town). Sulland	Neme of operation
· = 70	(Stete or country)	What test confirmed diagnosis? Was there an eutopsy?
n p	15. MAIDEN NAME MAY L'anne	23. If death wes due to externel causes (VIDLENCE) fill in elso the following:
be carefully EATH in pla important.	[5] 16. BIRTHPLACE (city or town). Pennsylvania	Accident, suicide, or homicide?
5 0	(State or country)	Where did Injury occur? (Specify city or town, county and State)
should be OF DEA	17. INFORMANT Clura hu manon (Address) Troubling his	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
_ 60 .21	Plece St. Michaels Dete Feb 4 , 1937	Manner of Injury
mation s CAUSE TION is	19. UNDERTAKER Mr. Hafer (Address) Musellies.	24. Wes disease or injury in eny wey related to occupation of deceesed?
(3)	20. FILED Feb 3, 1937 Thomas Crowl Registrar.	(Signed) M. An corrustru. O M.  (Address) Midland - M.
	Assert the second secon	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

CAUSE LION

OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_\_\_\_\_

Date of enset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1) . 6	
		All the second of the second o	
Other contributory causes of importance:		Other contributory causes of importance:	11 15
Gallstones	May 1,1923	Gastroenteritis	1 year
		Q.	

V. S. No. 1

B

19. UNDERTAKER

(Addrass)

1		STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	1778
1	L PLACE OF DE				(159)	211
	County Gar	rett			Registration Dist. No. 24	166
	Village or City	Oakland,	Marylan	nd.	No. St.,	War
	Length of residence in	n city or town whera	faeth occurred		ds. How long in U.S. if of foreign birth?yrsmo:	
	2. FULL NAME	Baby DeBe	erry		If U. S. Veteran, specify WAR	
	(a) Residence: No				St.,Ward.	
and the same	(-)		(Usual place		If nonresident give city or town and S	State
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
		hite	5. SINGLE, MAN	RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH February 21, (Month) (Day)	193_17(Year)
5a.	. If merriad, widowed, or on the HUSBAND of (or) WIFE of	livorcad — — — — —			22. J I HEREBY CERTIFY. That I attended d	
6.	DATE OF BIRTH (month,	dey, end yaar) F	ebruary	21, 1937		; death is sai
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et 3:0 \( \text{\text{\$M\$}} \).	
				1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	Date of onse
NO	8. Trade, profession, o kind of work do	ne, as SPINNER,			Jamalun 4 mo	
OCCUPATION	SAWYER, BOOK 9. Industry or busines	s in which			Vication T	
5	work was dona, SAW MILL, BAN	K, etc			-	
000	10. Data deceased last this occupation (	month and	spe	time (yaars) ent in this ———— upation		
12	. BIRTHPLACE (city or to	Oakland Garret	t Co.	Md.	Other Contributory Causes of importance:	
ER	13. NAME Prent					
FATHE	14. BIRTHPLACE (city o	rtown Terra	a Alta, ton Co.	, W. Va.	Name of operation	
02	15. MAIDEN NAME M			, we vae	What test confirmed diagnosis? Was there an ad	
MOTHER					23. If death was due to externel causes (VIOL ENCE) fill in also the following:	
₩ W	16. BIRTHPLACE (city o (State or countr	r town) Garre	ett Co.	. Md.	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17	INFORMANT Pre:	ntice O.	DeBerr		(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18	BURIAL CREMATION, O	R-REMOVAL-X		. 21, 19 37	, Manner of injury - Nature of injury	
1					- Invary vi injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signad)

24. Was disease or injury in any way related to occupation of deceased?

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE OF	DEA	TH				
	County Ga	arre	tt			Registration Dist. No. 16 6	2
			kland,		(lif B yrs. 1 mos	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and no. 1.3. ds. How long in U.S. If of foreign birth? yrs. mos	Ward umber)
2	FULL NAI	ME J	ane Mar	garet D	eBerry	If U. S. Veteran, specify WAR	
			Oaklan			St., Ward.  If nonresident give city or town and S	
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	ex Female		n or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 8 (Month) (Day)	f93.77(Year)
5a.	If married, widow HUSBAND of (or) WIFE of		k DeBer	ry		22.   HEREBY CERTIFY. That I attended d	eceesed from
			y, end year) De		1848	Hast saw h ev elive on Feb. 2" 19.37	; death is said
7. A	AGE Yea		Months	Days 13	f day,hrs.	to have occurred on the date stated above, at 10 : 00 m. M.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset
-	9. Industry or work was SAW MIL fo. Date decease this occupyear)  BIRTHPLACE (cit (State or cour	business I s done, es L, BANK, ed last wo pation (mo	n which OSILK MILL, etc	t Co.,	ime (years) nt in this O YR.	Other Contributory Causes of importance:	
FATHER		(city or t	Fredloc	any	***************************************	Name of operation	
ER	15. MAIDEN NA	ме Ма	rtha Ca	steel		23. If death was due to external ceuses (VIOLENCE) fill In elso the following:	
MOTHER 42	(State or	country)	r DeBer	ryland.		Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and State  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:)
	BURIAL, CREMAT	ion, or erry	removal Cemete		. 11,,,57	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	
20.	(Address)	Oakl /O	and, Md	Julia R		(Signed) Henry W. M. Ormas.  (Address) Valland Mary land.	M. D.

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	1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Month) (Day) (Cay) (Tage   If LES   I day.	Medicine	2FULL NAME Baly Sine En
MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day)  (		PERSONAL AND STATISTICAL PARTICULARS
(Month) (Day)  (Month) (Day)  (A)  (A)  (A)  (B)  (B)  (C)  (C)  (A)  (C)  (Day)  (C)  (Day)  (C)  (Day)  (C)  (Day)  (C)  (Day)  (C)  (Day)  (C)  (A)  (C)  (Day)  (C)  (A)  (C)  (Day)  (C)  (C)  (A)  (C)  (Day)  (C)  (C)  (A)  (C)  (A)  (C)  (Day)  (C)  (C)  (A)  (C)  (C	3 5	MARRIED, WIDOWED. OR DIVORCED
(Month) (Day) (Cay)  7 AGE  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	6 [	DATE OF BIRTH
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Fil 25 , 193- (Month) (Day) (Yes
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	7 /	I day 🕽 ).
11 BIRTHPLACE OF FATHER (State or country) West Vygnus 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		business, or establishment in
OF MOTHER STATE ALL THE STATE OF MOTHER (State or Country) Consider the ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		BIRTHPLACE (State or country)  10 NAME OF
OF MOTHER (State or Country) Manylend  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	9 6	BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  West Vyma
0 6,	ARENTS 6	DIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (State or country)  12 MAIDEN NAME
(Address) Ohn Park	PARENTS	DIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)  15 MOTHER (State or Country)  16 MOTHER (State or Country)

STATE OF MARYLAND CERTIFICATE OF DEATH

159

Registration Dist. No. 169

St:\	Vard)	(If death	occurred	li
	,,,,,	a hospital	or inst	i
		stood of		

MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from 1937
that I just naw halive on alive , 192,
and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as foilows:
hak known
Brobably due to prematurity and exposured
after Prithe Contact (Duration)
Contributory Secondary
(Signed) (Duration) yre mos de.  (Signed) M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs ds. ds. ln the State yrs ds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Vaugh Custing Feb. 21. , 1937
20 UNDERTAKER ADDRESS
Chas. Germand Deer Vark had

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. cupation is very important, so that the relative healther," etc., without more precise specimeanous as Day laborer, Farm laborer, Laborer—Coal naine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired fromor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation The ques-

Streement of Cause of Death—Name, first, the Distance Ea. E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n.ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (mcrely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# AGE should be

MARGIN RESERVED FOR BINDING

stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(4)
County Garrette Co,	Registration Dist. No. 169
Village or City Deer Parkel	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bussie alice Ex	use of U. S. Veteran, specify WAR.
(a) Residence: No.	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Timele white Marcel (write the wird)	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Coy It. Eruru	22. I HEREBY CERTIFY. That I attended deceased from Feb 25, 1937.
6. DATE OF BIRTH (month, day, and year) Vel 38 1897	I last saw h en elive on Feb 23, 19.37; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, et
39 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, atc	
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date daceesad last worked at this occupation (month and yaar) occupation	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) MP Journal (State or country)	Bronchopneumona
	Puesperal state
13. NAME Jaseph Janghe  14. BIRTHPLACE (city or town) Mf. Join	Baby born paraluely set 20 1931
4. BIRTHPLACE (city or town) M. F. John (Stata or country)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy? LO
15. MAIDEN NAME Claya Paregle  16. BIRTHPLACE (city or town) Sheet Pourly  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) Vlue Cark	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
PHOLOZUETH CUM, Date Feb 27, 1937	Nature of injury
19. UNDERTAKER. Ocha F Sharphase (Addrass)	24. Was disease or injury in eny way related to occupation of dacaased?
20. FILED Lab. 25, 1937 Mm. Ca. Carpling.	(Signed) E Danngather M. P. M. D.
	(Address) Qapland

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 2007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 20 1331	1921	Run over by street car	1 week ago
Cerebral hemorrhage S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B.

OCCUPA

FATHER

MOTHER

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR

10. Date deceased last worked at

(State or country)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or to (State or country)

OCCUPAplnods

STATE OF MARYLAND-	CERTIFICATE OF DEATH 1780
	Registration Dist. No
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  July (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) Fifty 16th 1937  7. AGE Years Months Days If LESS than 1 day,hrs. or _/amin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I HEREBY CERTIFY, That I attended deceased from  1937 to 1937  I last saw blood alive on 1937 to the have occurred on the dete stated above, at 230 pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1937 to 1937 to 1937.

11. Total time (years)

spent in this

occupation \_\_\_\_\_ Was there an au'opsy?\_\_\_\_ What test confirmed diagnosis? \_\_\_. Accident, suicide, or homicide?\_\_\_\_\_\_ Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

19. UNDERTAKER (Address)

REMOVAL Centre

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR	FURTHER ST	ATEMENTS B	Y PHYSICIAN
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V. S. No. 1

ACTION	ATH in plain terms, so that it may be properly classified. Exact statement or UCCUFA-		
6	10		
	statement		
	Exact		
e carefully supplied. Acts should be successed	classified.		
	properly	apportant. See instructions on back of certificate.	
2	pe	jo	
Sticula	it may	n back	
TOU	so that	ctions o	
ipplica.	terms,	instru	
ully St	plain	it. Sec	
e carer	ATH in	nportan	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF					(93-0)	Registration Dist. No	161
	County Ga Village or C		ends <b>∀i</b> l	le,	(If	No	S	t Ward
	Length of resi	denca in city	or town where d	eath occurred	yrsmos.	ds. How long in U.S. if of fo	oreign birth?yrs	mosds.
2	FULL NA	ME C	arrie G	reenwoo	d,			
	(a) Residen			(Usual place	of abode)	St.,Ward.	If nonresident give city or tow	vn and State
-	PERSON	IAL ANI	STATISTI	CAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DEA	тн
3. S	'emale	4. COLOR Whi	te or race	5. SINGLE, MAR OR WYORCE	RIED, WIDOWED.	21. DATE OF DEATH	/4U (Month) (Day)	193 7 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divor	res h	3. Gree	nwood		CERTIFY, That latte	tended deceasad from
6 1	DATE OF BIRTH	(month, day	and year)	ec 28 1	186411	I last saw h LV aliva on 7	thung 134 /1	937_; death is said
	AGE Yes		Months 1	0ays 16	If LESS than I day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH wera as follows:		Date of onset
NO	8. Trade, profe kind of SAWYER	ssion, or pa work dona, BOOKKEE	as SPINNER, MC	use wor		Acule Bryon	erditio	1937
OCCUPATION	9. Industry or work wa		which					
000		sed last wor ipation (mor	nth and	sp:	time (years) entin this cupation	Other Contributory Causes of Import	tanca	
12.	BIRTHPLACE (c (State or cou		Pa,			Artuisaelus	eie	1980
2	13. NAME 20	nkn	now &	Lettl	er.			
FATHER	14. BIRTHPLAC		Fr.	ma	nu '	Nama of operation	Oa	ita of
FA		r country)	WII)		/.	What tast confirmad diagnosis?	Was th	era an au'opsy?
MOTHER	15. MAIDEN NA	AME AM	elia Sw	aney,		23. If death was dua to external caus Accident, suicida, or homicide?		
MOT	16. BIRTHPLAC (Stata o	E (city or to	wn)Pa	.,		Where did injury occur?	(Specify city or town, county	
17.	. INFORMANT (Address)	Frien	mole dsville	16.7	10 X	Specify whether injury occurred in	INOUSTRY, in HOME, or in PUB	BLIC PLACE.
18	BURIAL, CREMA	TION OR F		Date Feb	16 ,1937	Manner of Injury		
19	. UNDERTAKER	Brand	on ville	W.Va	ed	24. Was disease or injury in any wa	y related to occupation of decea	sed? Mb
20	FILED FLA		1937 xea	unelle	STallaco Registrar.	(Signed) (Address) 7-2	medrone undaville	end.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS than  1 dey, hrs.  or 15 min.  The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:  Date of Months occupation  Date of Months occupation  Date of Month of Mork done, es SPINNER, SAWYER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation occupation  Other Coatributory Causes of importance:	STATE O	F MARYLAND-	-CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH		159
(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth?  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wing the word)  Fig. 193  (Wonth)  (Dey)  (Ye  10. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS than 1 dey, hospital or institution, give its NAME instead of street and number)  Ward.  1. If U. S. Veteran, specify WAR  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22.  1. HEREBY CERTIFY, That I eltended deceased to have occurred on the date stated above, at first min.  1 dey, hrs.  1 d	County And		Registration Dist. No. 16/
Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds. How long if U. S. if U. S. Veteran, specify WAR ds. Hour long if U. S. if of foreign birth? yrs mos ds. How long if U. S. if of town and State Back ds. How long if U. S. if U. S. Veteran, specify WAR ds. How long if U. S. if U. S. Veteran, specify WAR ds. How long if U. S. if U. S. Veteran, specify WAR ds. How long if U. S. if U. S. Veteran, specify WAR ds. How long if U. S. if U. S. Veteran, specify War long if U. S. if U. S. Veteran, specify WAR ds. How long if U. S. if U. S. Veteran, specify WAR ds. How long if U. S. if U. S. Veteran, specify War long if U. S. if U. S. Veteran, specify War long if U. S. if U. S. Veteran, specify War long if U. S. if U. S. Veteran, specify War long if U. S. if U. S. Veteran, specify war long if U. S. if U. S. Veteran, specify war long if U. S. if U. S. Veteran, specify war long if U. S. if U. S. Veteran, specify war long if U. S. if U. S. Veteran, specify wa	Village or City Selfy	out and	
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  (Usual place of abode)  St., Ward.  (B) Residence: No.  (Usual place of abode)  (St., Ward.  (If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  (Dey)  (Ye  21. DATE OF DEATH  (Month)  (Dey)  (Ye  22.  1 HEREBY CERTIFY, That I ettended deceased of the date stated above, at the place of	Length of residence in city or town where de		
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE Years  Months  Deys  If LESS than 1 dey. hrs. or. J. min.  8. Trade, profession, or particular kind of work done, as SFINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date of DEATH  11. Total time (years)  12. BIRTH	12 FILL NAME DAMA	Od Hall.	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) OF DIVORCED (write the word)  6. DATE OF BIRTH (month, day, end year) OF DIVORCED (write the word) OF DIVORCED (write the word)  7. AGE OF BIRTH (month, day, end year) OF DIVORCED (write the word) OF DIVORCED (writ	(a) Residence No.	un floff	
3. SEX  4. COLOR OR RACE OR DIVORCED (**prite* the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Deys If LESS than 1 deyhrs. of	(a) Residence: No.	(Usual place of abode)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS than 1 dey, hrs. or 1/5 min.  8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS than 1 dey, hrs. or min.  8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and year)  11. Total time (years) spent in this occupation  Other Coatributory Causes of importance:  Other Coatributory Causes of importance:	Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Feb 15 1937
7. AGE Years Months Deys If LESS than 1 deyhrs. or	HUSBANO of	-	22. I HEREBY CERTIFY. That I ettended deceased from 1037, to Feb. 157, 1985
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year)  12. BIRTHPLACE (city or town)  (State or country)  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Manuallus  O Manuallus  Other Contributory Causes of importance:	6. DATE OF BIRTH (month, day, end year)	el 15 1937	I last saw ham alive on Felf- 15 1, 1932; death is sa
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  12. Date of country  13. Trade, profession, or particular wind and particular ships of the country of applied to the country of the country of applied to the country of the country of applied to the country of the c	7. AGE Years Months	1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
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year) occupation Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town) All Ways at the Coatributory Causes of importance:	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Want	(6 months)
(State or country) Taphat Co	- ( time occupation ( intentin and	spent in this	Other Contributory Causes of importance:
I de la company	(State or country) Magne	sport ma	
What test confirmed diagnosis? Morris Was there an autopsy?	(Stete or country)	indgrille M	2
15. MAIDEN NAME May July That 2.23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Selly and Ma.  (State or country)  Where did injury occur?	15. MAIDEN NAME / Mary JULY  16. BIRTHPLACE (city or town) Sell  (State or country)	ym Frazel	Accident, suicide, or homicide? Date of injury, 19
(Specify city or town, county and State)  17. INFORMANT Jakey Thay & Hoff Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Leavy And State)	(Address) Sellingspan	res Haff	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REWOVAL  Place Uskard Hada Date 16, 19.3.7.  Nature of injury  Nature of injury	1. 1 1/1/40 1	Date Fet 16, 193,	7
19. UNDERTAKER And Sacrate 24. Was disease or injury in any way related to occupation of deceased? Mes  (Address) Free and the Training of the Sacrate And Sacrate	(Address) Freed	refle no	I If so, specify plemature Infant
20. FILEO Let 16, 1927 Seasonalle State Registrar. (Address) Billet of Mills of Mill	1		(Address) Bisselfon Mills Aff

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			WED !

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BINDING	PERMANENT RECORD. Every item of infor-	ed EXACTLY. PHYSICIANS should state	erly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Danielt	Registration Dist. No. / 6/
Village or City Sellyspart Mid	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmcsds.
2. FULL NAME Ronald Hoff	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Years  Months  Oays  If LESS than I day, hrs. or 20min.	i last saw h alive on
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Oate of onset  (6 Amounts)
12. BIRTHPLACE (city or town) Selbyggo out made (State or country)  13. NAME Capen Thang Haff	Other Contributory Causes of Importence:
13. NAME Capey Thange Haff  14. BIRTHPLACE (city or town) — Jaien da belle Max  (State or country)	Name of operation Management Oate of Management Oat
15. MAIOEN NAME Many Gelyn Frage.  16. BIRTHPLACE (city or town) Allygor Mid.  17. INFORMANT Sally Thank Maff.  (Address) Sally port model.	23. If death was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Usku Flage Oate Feb. 1937	Menner of injury
19. UNDERTAKER HAND States of the 20. FILED FELLO 1619 37 Jeannelle State	24. Was disease or injury in any wey related to occupation of deceased?  45 so, specify um uture hand  (Signed) Multiple M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	very it	ANS	nent of	
(C)	RD. E	[YSICI	staten	
Q R.	RECO	у. РН	Exact	
ING	NENT	CTLI	ified.	
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	to
FOR	IS A P	stated	properl	N is very important. See instructions on back of certificate
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	RYLAND-	CERTIFICATE OF DEATH	54
1. PLACE OF DEATH		Registration Dist. No.	
Village or City Oart Laure ?	ma RN	Np	Ward
Length of residence in city or town where death openfred		death occurred in a hospital or institution, give its NAME instead of street and number	
2. FULL NAME In fame	rolana	If U. S. Veteran, specify WAR.	
(a) Residence: No. (Usual plan	ace of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, M OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH Jack 21 193	7
5e. If merried, widowed, or divorced		(Month) (Day) (Y	reer)
HUSBAND of (or) WIFE of		22. J I HEREBY CERTIFY Thet I attended deceas	ed from
6. DATE OF BIRTH (month, day, end year)	1937	I last saw harman alive on Face 21 , 1937; deet	h is said
7. AGE Years Months Deys	If LESS then 1 day, 2hrs. ormin.	to have occurred on the date stated ebove, et	
8. Trede, profession, or particular kind of work done, es SPINNER,		Dote	ofonset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end		Vremestras 7'12 mo	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
- this occupation (month and	al time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Oen Kannel (Stete or sountry)	RN	Other Contributory Causes of importence:	
	-day		
14. BIRTHPLACE (city or town).		Name of operation	
(State of country)	سه ٥ ل	Whet test confirmed diegnosis?	,7
15. MAIDEN NAME THOUGH TO THE AMERICAN TO THE AMERICAN TH	Machany	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Acade Hacase 3	nd Ri	Where did injury occur?	
18, BURIAL, CREMATION, OR REMOVAL  Tracked Cameran Land	و 22 , 1937	Manner of injury	
19. UNDERTAKER 6 caseins Trees	Hame	24. Wes diseese or injury In any wey related to occupation of deceesed?	
20. FILED 2/27 , 1937 Julia 1	Rowaw Registrar,	(Signed). Our Read male	M. D.
If more blanks are needed		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY,

V. S. No. 1

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1785

1. PLACE OF DEATH		40 M
County THING	$\alpha$	Registration Dist. No. 16/
Village or City State of Length of residence in city or town where dea		No
2. FULL NAME Milte	not dulle	If U. S. Veleran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward). Willowers	21. DATE OF DEATH  Jel 6  (Month) (Day) (Year)
5a. If married, widowed, or solorced HUSBAND of (or) WIFE of	Lipthe	22.   HEREBY CERTIFY. That I attended deceased from 22 Me., 1932, to File (*), 1937
6. DATE OF BIRTH (month, day, and year)	6-19-1870	Mast saw harmalive on 22 , 1930; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	To have occurred on the date stated above, at
66 11	2 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last worked at this accuration (month and	Br.	Cancer and attres Malignan not Propolly Javory concinena of stomother not properties Pro
0 10. Data daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Ownation: two years of Contributory Causes of Importance:
12. BfRTHPLACE (city or town)  (Stata or country)	PI	More
13. NAME David o	yee	
14. BIRTHPLACE (city or town) (State or country)	170a	Name of operation 2000 Date of Nuc.
	Soumit	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mulcle  16. BIRTHPLACE (city or town)  (State or country)	Ja	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Beau & Sanda	and from	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 1/8 193	Manner of injury
19. UNDERTAKER MACHINE (Address)	will me	24. Was disease or injury in any way related to occupation of decaased? 11 so, specify 24.
20. FILED. Fet 8 , 19.37 Jea	servette Statle	(Signed) Signed Multi M. D. (Address) Signed Miles Miles

// If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

IION is very important. See instructions on back of certificate.

### STATE OF MARYLAND—CERTIFICATE OF DEATH

-0	204	0	0
- 1	1	A	Ps.
1	0	0	17

1. PLACE OF DEATH	
county garrerr	Registration Dist. No. 16/
Village or City 3. riendoniele Mid	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME William E m-	Lintock
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH To get of
male white widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22I HEREBY CERTIFY, That I attended deceased from
. (or) WIFE of Clingwith M'Clenton	Fily 1 St 1937 10 Fily 1 St 1957
6. DATE OF BIRTH (month, day, and year) Lee. 23-1864	I last saw h alive on Frby 26 th 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 2 0 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Centra appropria
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10: Date deceased last worked at this occupation (month and	// <i>d</i>
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and	
year) occupation 7	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Character June !	
(State or country)	
13. NAME unknown Michigan 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Warris Dury (News)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury, [9
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place attion Pr. Date John 27 , 1937	Nature of Injury
19. UNDERTAKER THE STANDANCY	724. Was disease or injury In, any way related to occupation of deceased?
(Address) formerfield to	If so, specify
20, FILED Febry 25 19.32 Jewinstle Statles	(Signed) A , J. Maker
Registrar.	(Address) Trendwille hid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1037	July 5,1927	Peritonitis	3 days ago
LINEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1787
1. PLACE OF DEATH	(92)
County yand you	Registration Dist. No. / 6 6
Village or City Southern // (A	No. St., Ward
a C (II	death occurred in a hospital or institution, give its NAME instead of street and number)
0 01	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Jonas Go Veters	nem
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara stersheim	22. I HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) 2.5/865	I last saw here elive on tell 1,1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1018 Pm.
7/ 7 /2   1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:
8. Treda profession or particular	Date of onset
kind of work done, as SPINNER. A armee	Mraus Meja condilis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	//
11. Total time (years)	
this occupation (month and 1934 spent in this occupation was part in this occupation when the spent in this occupation was presented by the spent in this occupation when the spent in this occupation was presented by the spent in this occupation when the spent in this occupation was presented by the spent in this occupation when the spent in this occupation was presented by the spent in this occupation when the spent in this occupation was presented by the spent in this occupation when the spent in this occupation was presented by the spent in this occupation when the spent in this occupation was presented by the spent in this occupation when the spent in the	
12. BIRTHPLACE (city or town). Khurura	Other Contributory Causes of importanca:
(State or country)	
13. NAME Trustian Letershein	4
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was Ihere an eutopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Dova Swarkenfrulers (Address) Calcound md.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Carrier Carrier Trub 8, 1937	Manner of Injury
19. UNDERTAKER THE SCHOOL STATES	24. Wes diseasa or injury in any way related to occupation of deceased?
20. FILED leb 7 1937 Julia Rowan Registrar.	(Signed) A feel beeg M. M. (Address) Oak Quee of M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AMELINE Y 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PL

V. S. No. 1

(Address)

Every item of inforplnods

PHYSICIANS

ould sta	1. PLACE OF DEATH		[H-Q]		
CC	County Darrett	<del></del>	Registration Dist. No. 169		
ě	Village or City Sand 7	lat (near Oaklan	d No.	St. Ward	
0	THE RESERVE THE RESERVE THE PARTY OF THE PAR	(II	death occurred in a nospital of institution, give its INAIVIE instead of	street and number)	
ent		0 1/	ds. How long in U.S. if of foreign birth?yrs		
SICIAN	2. FULL NAME Willia	m Sevan Shu	Challes M. S. Veteran, specify WAR		
rSICIANS statement	(a) Residence: No.	/## + + + + + + + + + + + + + + + + + +	St., Ward.  If nonresident give city or	10.	
المستقات	PERSONAL AND STATIST	(Usual place of abode)	MEDICAL CERTIFICATE OF DE		
×	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH ~	-2111	
× ⊞ ⊢	male White	OR DIVORCED (write the word)	tel. 6	, 193 7	
r L	5a. If married, widowed, or divorced	Widowey	(Month) (Day)	(Чааг)	
stated EXACTI properly classified. certificate.	HUSBAND OF Sarah Ma	igaret Sharples	1 HEREBY CERTIFY, That I Let. 2 1937 to 7 etc.	attended deceased from	
	6. DATE OF BIRTH (month, day, and year)	et. 1 1857	liast saw h.J.m. elive on 7 ch. 5	., 19_3_7_; death is said	
	7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at	١.	
stated proper	80 0	5   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Import were as follows:	Date of onset	
be i	8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Farmer	Broncho Pneumon	4.1	
	SAWYER, BOOKKEEPER, atc	1 - 0 0 / 1 00 0	Jorra Colo Villemonia	74.2-5	
should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, etc.		Q. Marsa	7	
sh it	10. Oate decessed last worked at this occupation (month end	11. Total time (yaars) spent in this			
7 40	year)	occupation	Other Contributory Causes of Importanca;		
So t ctio	12. BIRTHPLACE (city or town) La	ffee Darrett C	Other contributory causes of importance.		
. =	(Stata or country) May	efland	Hyperterson	1925	
pli erm inst	H 13. NAME Villeam	harpleis	01		
supplied tin terms, See instru	4 14. BIRTHPLACE (city or town),	autic Hill- Minera	Glame of operation	Data of	
la la	(State or country) West	la.	What test confirmed diagnosis? Was Was	thara an autopsy? No	
be carefully EATH in plai important. S	15. MAIDEN NAME Susan	Harvey	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the	e following:	
'H'	5 16. BIRTHPLACE (city or town)	Tarden !	Accident, suicida, or homicide? Data of inju	гу, 19	
9 7 6	(State or country)	irginea	Whare did injury occur? (Specify city or town, coun	ty and State)	
	17. INFORMANT Hally Is (Addrass) Suranto	appless	Specify whether injury occurred in INOUSTRY, in HOME, or in P	UBLIC PLACE.	
should OF D	18. BURIAL, CREMATION, OR REMOVAL	or, ma.	Biograph of Intern		
G .=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Data 2 - 8 1937	Manner of injury		
mation CAUSI TION	19. UNDERTAKER Othy 7.	Sharpless)	24. Was disaase or injury In any way related to occupation of dec	easad? 200	
EOF	120	1.1			

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting & S. No. 1.

Registrar

If so, spacify

(Address)

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1789			
1. PLACE OF DEATH	93-20			
County yarll	Registration Dist. No.			
Village or City Meas - accident	NoSt., Ward			
(It Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrsds.			
2. FULL NAME Yearse Sherel	If U. S. Veteran, specify WAR			
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Mixauld	21. DATE OF DEATH (Month) (Oav) (Yeer)			
5a. If married, widowed, er divorced HUSBAND of (or) WIFE of Barbra Krullel	22. Act HEREBY CERTIFY. That I attended deceased from 1931, te 24 1937			
6. DATE OF BIRTH (month, day, and year) See 17 - 1842	Last saw h. Acra alive on			
7. AGE Years Menths Days If LESS than I day,hrs. ormin.	te have eccurred en the date stated abeve, at A. J. Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importence			
7 Trade profession or partiaular	Chome Mysica relates Date of onset			
kind ef work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry er business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (ment) and				
10. Oate deceased last worked at this occupation (menth and year) 11. Total time (years) spent in this occupation occupation				
12. BIRTHPLACE (city er town) (State er country)	Other Contributory Causes of impertance:			
13. NAME Nat Senoul				
13. NAME State Strong 14. BIRTHPLACE (city or tewn) Not State or country)	Name of operation			
15. MAIDEN NAME WAT Minare	What test confirmed diagnosis?			
15. MAIOEN NAME Wat Mnowing  16. BIRTHPLACE (city or tewn) Shat fluorien  (State or country)	Accident, sulcide, er hemicide?			
17. INFORMANT Mrs anna Bualg (Address) accident a D	(Specify city or town, county and State) Specify whether injury eccurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Level All Date Filts 8, 1927	Manner ef Injury			
19. UNDERTAKER AUM Almthaluss (Address) you Taselle Odd of	24. Was disease er injury in any way related to eccupation of deceased?			
20. FILED L. 1937 A. J. Bullier. Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D. M. D.			

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1097	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V.S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	790
1. PLACE OF DEATH	92:00 11	/
County 1 ayull p	Registration Dist. No. / 6	6
Village or City Calkland	No	Ward
Langth of rasidance incity or town where the coursed 1 yrs. 8 mos.	death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME / ary Olexaletty A	evary If U. S. Veteran specify WAR	
(a) Residence: No.	St. Ward. See Jarla Cet	<i>ff</i>
(Usual place of abode)	If nonpeyident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Myal Wall Single	(Month) (Oay)	193 (Yaar)
5e. If marriad, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended d	
(or) WIFE of	1934 to	1927
6. DATE OF BIRTH (month, day, end yaar) May 25, 1876	I last saw h a aliva on The 21 1937	; death is seid
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, et 2.p.m.	
60 3 1 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end ralated caused of importence were as follows:	
8. Trada profession or particular	Chrome mysendety	Date of onest
kind of work done, es SPINNER seed Source SAWYER, BOOKKEEPER, etc 9. Industry or business in which	angular Thullottan	1925
work was done as SILK MILL, Laspital SAW MILL, BANK, etc.	metal o ante bappereney	1927
10. Oate dacaesed last worked et 11. Total time (yaers)		
this occupation menth and 1935 spent in this occupation		
12. BIRTHPLACE (city or town Dileuaulace New	Other Contributory Causes of importance:	1921-
(State or country)	The Course	1.93.
13. NAME harles to. Levan		
14. BIRTHPLACE (city of town serving ate	Name of operation Oate of	
(State of Country)	What test confirmed diagnosis? Wes there an au	tops k
15. MAIDEN NAME Sarah Sandvison	23. If death wes dua to external couses (VIOL ENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town) Unle now)	Accident, suicida, or homicide?Oate of injury	, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Addrass) Carlos Cereg JV, Va  18. BURIAL CREMATION OR REMOVAL 04		
Place Land Med Oak Tell 24 1937	Menner of injury	
10,000	Nature of injury	
19. UNOERTAKER (Address) (Address)	24. Was disease or injury in any way related to occupation of decaased?	×
2/23/ 37/11/11/12	(Signed) & stoud damy as tree	М о
20. FILEO PLEO Registrar.	(Addrass) Dallatine	M. U.
4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example 1 The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial newhritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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0	WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
NG	VENT RECORD.	TLY. PHYSI	fied. Exact stat	
MARGIN RESERVED FOR BINDING	S IS A PERMAN	stated EXAC	properly classif	certificate.
RESERVED	NG INK-THIS	AGE should be	that it may be	ions on back of
MARGIN	VITA UNFADI	ully supplied.	plain terms, so	TION is very important. See instructions on back of certificate.
	E PLAMLY, V	should be caref	OF DEATH in	s very importan
1	WRITI	mation	CAUSE	TION is

	STATE C	F MAR	YLAND-	CERTIFICAT	E OF DE	EATH	1791
1. PLACE OF				(97)		ال	
County_Ga		270			•	ion Dist. No1_	90
Village or Cit	y Mt. Lake	Park, Mo	(le	death occurred in a hospital or	institution, give its N	AME instead of street a	Ward
Length of reside	ence in city or town where	death occurred	5_yrsmos	ds. How long In U.	S. if of foreign birth	?yrs	_mosds.
2. FULL NAW	E Mary Eli	zabeth S	Swires	If U. S. Vet	eran, specify WAR		
(a) Residence	: No. Loch Ly	nn		St., Ward.			
DEBCON	AND CTATICT	(Usual place		MEDICA		dent give city or town	
	AL AND STATIST		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH			
Female	White	OR DIVORCE	D (write the word)		ebruary (Month)	12,	, 193 7
5a. If married, widowe	d, or divorced					(Day)	(Yeer)
HUSBAND of (or) WIFE of N	oah Herman	Swires		22. I HERI	19.34 to	THE RESIDENCE OF STREET	led deceased from
	nonth, day, and year) OC	t. 20,	1861	I last saw harmaniya			7; death is said
7. AGE Years		Days	If LESS than  1 day,hrs.	to have occurred on the dat			•
75		23	ormin.	were as follows:	DEATH and related	causes of maportance	Date of onset
8. Trada, profess kind of wo SAWYER, I	ion, or particular ork dona, as SPINNER, H BOOKKEEPER, etc.	ousewife	9	9-1-1	and the second		390
9. Industry or b	usiness In which dona, as SILK MILL, , BANK, etc	wn Home					
U 10. Data deceasad	l last workad at ation (month and z c	11. Total t	ima (years) nt in this upation VC.				
12. BIRTHPLACE (city (State or count	or town) Greenl ry) Grant	and, Co., W.	Va.	Other Contributory Causes	of Importance	rle to	Lan
置 13. NAME Ab	reham Evan	S					
13. NAME AD  14. BIRTHPLACE ( (State or c	(city or town) Grant country)	Co., W	· Va·	Nama of operation			
15. MAIDEN NAM	E Catherin	e Burge:	38	23. If death was due to exter	nal causes (VIOL ENC	E) fill In also the follow	wing:
15. MAIDEN NAM	(city or town)_Gran	t Qo., 1	y. ya.	Accident, sulcide, or homic			
17. INFORMANT	harles Swi It. Lake Pa	res rk. Md.		Specify whether injury occu	(Specify ci urred in INDUSTRY, i	ty or town, county and in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATI			. 15,,37	Manner of injury			
	erbert C. Pakland, Md 4 ,19 <b>37</b> 9		Powan	24. Was disease or injury In  If so, specify  (Signed)			
	1		Registrar.	(Address)	To the state of the		V.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 8	July 5,1927	Peritonitis	3 days ago	
. v 8. 11				
· E d				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			man Arra	

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1792

1. PLACE OF DEATH				92.20			
County Gara	ett			Registration Dist. No. 1-69			
Village or City_	Swanton,	Md.		ND. St., Ward			
Length of residence	in city or town where o	death occurred_6	17	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds			
2. FULL NAME			Weimer	If U. S. Veleran, specify WAR			
(a) Residence: N	~ 1			St., Ward.			
		(Usual place	e of abode)	If nonresident give city or town and State			
	AND STATIST			MEDICAL CERTIFICATE OF DEATH			
	3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married			21. DATE OF DEATH February 20, 1937 (Month) (Day) (Yeer)			
5e. If merried, widowed or HUSBAND of MODIA (or) WIFE of	dy Ellen	Weimer		22. I HEREBY CERTIFY, That I attended deceesed from			
6. DATE OF BIRTH (month	, dev. end yeer) De	c. 30,	1868	I last saw h alive on a carry New 1936; death is sal			
7. AGE Yeers	Months	Deys	If LESS than	to heve occurred on the dete steted above, et 1:45 m M.			
68	1	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
9 Industry or busine work wes done SAW MILL, BA 10 Date deceased las this occupetion year)	(month and 193	arm 6 11. Totel sp	time (years) ent in this O yr • Md •	Other Contributory Canoes of importance:			
13. NAME Benja							
13. NAME Benja 14. BIRTHPLACE (city (Stete or count	ry)	ett Co.		Name of operation Date of Date of What test confirmed diegnosis? Was there an aulopsy?			
15. MAIDEN NAME		Savage		23. If deeth was due to external causes (VIDLENCE) fill In also the following:			
15. MAIDEN NAME  16. BIRTHPLACE (city (Stete or coun  17. INFORMANT Mar	ry)		, Md.	Accident, sulcide, or homicide?, 19, 19			
(Address)	vanton, M	d.					
18. BURIAL, CREMATION, Place George	ge Cemete	rypate Feb	. 23,,1937	Manner of Injury			
19. UNDERTAKER Her	bert C. cland, Md 1,1937		n Powar Registrar	24. Was disease or injury in any wey related to occupetion of deceesed?  If so, specify (Signed) M.  (Address) M.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1031			
MAR 8	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

3, 1	TRITI	mationsi	CATSE
V. S. No	N. B.		)

1. PLACE OF DEATH  County Lint!	Registration Dist. No. 16/
Village or City Friendsville And	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How iong In U.S.if of loreign birth?yrsmosds
2. FULL NAME Harry Stildrelium	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, w'dowed, or divorced HUSBANO of (or) WIFE of Dag Mills	22. I HEREBY CERTIFY, That I ettended deceased Iron
DATE OF BIRTH (month, day, and year) June 14-1883	i last saw been elive on Tylen 13 , 1937; death is sai
AGE Years   Months   Oays   if LESS then	to have occurred on the date steted above, atm.
53 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of open
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Homisidals Osva II.
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	Instant death. 1937
10. Date deceased last worked at this occupation (month and spart in this occupation	
2. BIRTHPLACE (city or town).	Other Contributory Causes of importance:
(State or country)	
13. NAME Misskel blueling  14. BIRTHPLACE (city or town) 777	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Wes there en au'opsy?
15. MAIOEN NAME And The Hopefullia	23. Il death was due to external causes (ViOLENCE) fili in elso the lollowing:  Accident, suicide, or homicide? France Oate ol injury 1927, 1927.
16. BIRTHPLACE (city or town)  (State or county)	Where did injury occur? Drus stut Friendsoille Parnett Co. mo
To History	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Corrello rela De	In street.
8. BURIAL, CREMATION, OR REMADVAL	Manner of injury stat wound into heart
Place Ne /3 Sinking Date 1, 16, 16	- Nature of injury State would will know
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? Lo
0. FILEO JA 16 , 1937 Jeannelle Statle	(Signed) W Oudson M.  (Address) Thursone Mrd

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Ccrebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	SUREAU V. S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year